

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14902

State File No. _____

FILED APR 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>4287</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>		c. LENGTH OF STAY (In this place) <u>5 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>		<u>0570</u>	
d. FULL NAME OF (If not in hospital or institution give street address of location) <u>In the Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>SCHUSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 19 1880</u>	
9. AGE (In years) (Months) (Days) <u>73</u> <u>0</u> <u>22</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Trouston Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Schuster</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Reimer</u>		14. NAME OF HUSBAND OR WIFE <u>Winnie Schuster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Winnie Schuster</u>		ADDRESS <u>Troy Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4343</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 1</u> , 19 <u>52</u> , to <u>April 11, 1953</u> , that I last saw the deceased alive on <u>Apr. 11</u> , 19 <u>53</u> and that death occurred at <u>1030 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. L. Kelley M.D.</u>				23b. ADDRESS <u>Troy Mo.</u>		23c. DATE SIGNED <u>Apr 14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 13, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 15th 1953</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McEary</u>		ADDRESS <u>Troy Mo.</u>	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Wayne Mc Coy

Licensed Embalmer No. *3586*

P. O. Address *Jerry Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.